HeartCode ADVANCED CARDIAC LIFE SUPPORT

All ACLS Courses taught at the University of Maryland, Baltimore County are according to the standards of the American Heart Association.

Continuing Education Credit: *This continuing education activity is approved by UMBC, an organization accredited by the Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE).*

Please enroll me in the following: (CHECK ONE) please print legibly

ACLS INITIAL COURSE– $275.00 ~ ACLS RENEWAL COURSE - $205.00

TO REGISTER FOR THE RENEWAL COURSE YOU MUST SUBMIT A COPY OF YOUR CURRENT ACLS CARD WITH THIS FORM.

	June 16, 2018 **(Deadline for registration 6/6/18)**		***April 13, 2019*** **(Deadline for registration 4/3/19)**
	September 22, 2018 **(Deadline for registration 12/18)**		***June 15, 2019*** **(Deadline for registration 6/5/19)**
	November 3, 2018 **(Deadline for registration 10/24/18)**		***September 21, 2019*** **(Deadline for registration 9/11/19)**
	March 2, 2019 **(Deadline for registration 2/20/19)**		***November 2, 2019*** **(Deadline for registration 10/23/19)**

You will need to complete your PART I of the course a minimum of 72 hours PRIOR to the class by submitting your Certificate of Completion of Part I to the PACE Office. Failure to do so will prohibit you from attending the live portion of the class.

Mail this completed form and your check made payable to ***"UMBC"*** *to:*
UMBC – Department of EHS/PACE
1000 Hilltop Circle, Sherman Hall – A Wing – Room 316
Baltimore, Maryland 21250

~OR~ Fax your registration form with credit card information to (410) 455-6713.

PLEASE TYPE OR PRINT CLEARLY.

Name:			
Email:			
Address:			
City, State, Zip:			
Phone:		*Alternate Phone:*	
NREMT-P #:		*Exp. Date:*	
EMT-P, RN, MD License #:		*State:*	*Exp. Date:*

			Enter Amount
	HeartCode ACLS Provider Course	*$ 275.00*	
	*HeartCode ACLS Provider Renewal Course**	*$205.00*	
	I wish to purchase an ACLS Provider Manual.	*$48.00*	
	Enclosed is my check in the amount of>>>		
	Credit Card Convenience processing fee (add to balance above)	*$ 5.00*	*$ 5.00*
	Please charge my ***VISA MasterCard Discover*** *(please circle one) >>>>>>>>>>>>>>>>>>>>>>*		

Card Number:		*V-Code: (last three digits on back of card)*	*Expiration Date:*
Address if different from above:		*Name as it appears on Card:*	
		Signature:	

Cancellations/Refunds

- ***All registration fees are non-refundable.***
- *A $45.00 fee will be charged for any returned check.*
- *UMBC reserves the right to cancel any course due to insufficient enrollment. In the event of cancellation tuition will be refunded or transferred to another course date at UMBC's expense.*

"The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association."

Please initial below.

______I understand that if I have not provided complete state license and NREMT (if applicable) information that I may not receive credit for this course.

______I have read and understand the cancellation/refund policy.

"I understand that UMBC as a requirement of CAPCE accreditation will submit a record of my course completions to the CAPCE AMS. I further understand that my course completion records may be accessed by or shared with such regulators as state EMS offices, training officers, and NREMT on a password-protected need-to-know basis. In addition, I understand that I may review my record of CAPCE-accredited course completions by contacting CAPCE. "